

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1840 290

1. PLACE OF DEATH COUNTY <u>Talbot</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Caroline</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Federalburg</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Easton Memorial Hospital</u>		STREET ADDRESS (If rural, give location) <u>✓</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Emma</u>	(Middle) <u>Birdell</u>	(Last) <u>BARTLE</u>
4. DATE OF DEATH	(Month) <u>Feb</u>	(Day) <u>19</u>	(Year) <u>1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 4, 1871</u>
9. AGE last birthday <u>79</u> yrs.	If under 1 year Months Days	If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>Baltimore Md</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13. FATHER'S NAME <u>Mr Charles Childress</u>		14. MOTHER'S MAIDEN NAME <u>unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY No. <u>unknown</u>	
17. INFORMANT AND ADDRESS <u>Mrs Carrie Culhane, Federalburg</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

446x Immediate cause (a) Uremia
 131a Antecedent cause(s) (b) arteriosclerosis
 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Jan 21, 1951, to Feb 19, 1951, that I last saw the deceased

alive on Feb 19, 1951, and that death occurred at 8:55 p.m., from the causes and on the date stated above.

SIGNATURE Wm H. Harrison (Degree or title) M.D. ADDRESS Easton Maryland DATE SIGNED 21 Feb 51

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>2/22/51</u>	NAME OF CEMETERY OR CREMATORY <u>Still Crest</u>	LOCATION (City, town, or county) <u>Federalburg</u>	(State) <u>Md</u>
DATE REC'D BY LOCAL REG. <u>2/20/51</u>	REGISTRAR'S SIGNATURE <u>R. H. Neerius</u>	24. FUNERAL DIRECTOR <u>J. J. Frankton Son</u>	ADDRESS <u>Federalburg Md</u>	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH- COUNTY <u>Talbot</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Talbot</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Easton-Rural</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Easton-Rural</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Sarah</u>	(Middle) <u>Mae</u>	(Last) <u>Blann</u>
4. DATE OF DEATH	(Month) <u>Feb.</u>	(Day) <u>25</u>	(Year) <u>1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 27, 1888</u>
9. AGE last birthday <u>62</u> yrs.		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Trappe Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Charles T. Helsby</u>		14. MOTHER'S MAIDEN NAME <u>Memie S. Wright</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>none</u>	
17. INFORMANT <u>Nelson Blann</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151 x Immediate cause (a) <u>Carcinoma of stomach</u>	INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>
46 b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) <u>none</u>	
(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION <u>1/2/51</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of stomach</u>	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1950, to 2/25/51, 1951, that I last saw the deceased alive on 2/24/51, 1951, and that death occurred at 3:45 P.m., from the causes and on the date stated above.

SIGNATURE J. D. Cox (Degree or title) M.D. ADDRESS Easton Md DATE SIGNED 2/26/51

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>Feb 27, 51</u>	NAME OF CEMETERY OR CREMATORY <u>Spring Hill Cemetery</u>	LOCATION (City, town, or county) <u>Easton, Md.</u>
DATE REC'D BY LOCAL REG. <u>2/26/51</u>	REGISTRAR'S SIGNATURE <u>H. H. Neer</u>	24. FUNERAL DIRECTOR <u>John D. Williams</u>	ADDRESS <u>Easton, Md</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



Dr. Cox

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 290

1. PLACE OF DEATH COUNTY <u>Albort</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Dorchester</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Easton, Md</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Hurlock</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Memorial Hospital</u>		STREET ADDRESS (If rural, give location) <u>✓</u>	
3. NAME OF DECEASED (Type or Print) <u>Amie</u>		4. DATE OF DEATH (Month) <u>2</u> (Day) <u>5</u> (Year) <u>1951</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>N</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>single</u>	8. DATE OF BIRTH <u>60</u> yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Helper</u>		11. BIRTHPLACE (State or foreign country) <u>Denn Smith</u>	
13. FATHER'S NAME <u>Van Carter</u>		14. MOTHER'S MAIDEN NAME <u>Wm Richardson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>Unknown</u>	
17. INFORMANT <u>Ms James W Andrews</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) <u>Section-cervical cord due to being hit by falling tree while working in woods</u>	<u>3 days</u>
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) <u>by falling tree while working in woods</u>	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY <u>woods</u>	(CITY OR TOWN) <u>Hurlock</u> (COUNTY) <u>Dorchester</u> (STATE) <u>Md</u>
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>2</u> <u>3</u> <u>51</u> m.	INJURY OCCURRED While at work <input checked="" type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR? <u>Tree fell on him</u>

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

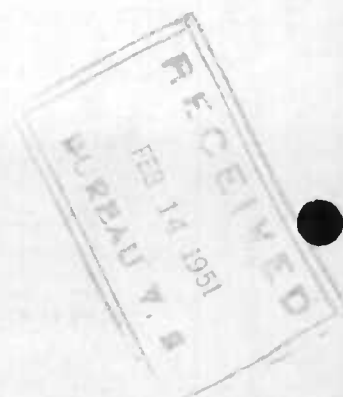
SIGNATURE (Degree or title) Louis Mottly MD DME ADDRESS Easton Md DATE SIGNED 2-8-51

23. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u>	DATE THEREOF <u>Feb 6, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>East New Market</u>	LOCATION (City, town, or county) (State) <u>East New Market, Md</u>
DATE REC'D BY LOCAL REG. <u>2/6/51</u>	REGISTRAR'S SIGNATURE <u>N.A. Neerius</u>	24. FUNERAL DIRECTOR <u>E.B. Welloughby</u>	ADDRESS <u>970116</u>

per Luciano Mowbray

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH COUNTY <u>TALBOT</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>MARYLAND</u> COUNTY <u>TALBOT</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>EASTON</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>EASTON</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>(RURAL)</u>		STREET ADDRESS <u>RURAL</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>LUTHER</u> (Middle) <u>MURIEL</u> (Last) <u>COVEY</u>	4. DATE OF DEATH (Month) <u>FEB.</u> (Day) <u>26</u> (Year) <u>1951</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>DEC. 12, 1882</u>
9. AGE last birthday <u>68</u> yrs.		10. If under 1 year: Months <u>3</u> Days <u>14</u> Hours <u>1</u> Min. <u>1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ANTIQUARIAN DEALER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN BUSINESS</u>	
11. BIRTHPLACE (State or foreign country) <u>CAROLINE Co.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>John Covey</u>		14. MOTHER'S MAIDEN NAME <u>EMMA CARPENTER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NONE</u>		16. SOCIAL SECURITY No. <u>NONE</u>	
17. INFORMANT <u>MR. LUTHER COVEY - EASTON, Md.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Arteriosclerotic Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

2 yrs (?)

Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from....., 1948, to.....2/26/1951, that I last saw the deceased alive on.....Dec 1, 1950, and that death occurred at.....7:30 a.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Dec. 27</u>	<u>2/28/51</u>	<u>Spring Hill</u>	<u>Easton</u>	<u>Md</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS		
<u>2/27/51</u>	<u>N.H. Morris</u>	<u>Thaurets Newcomer & Son</u> <u>Easton, Md 290698</u>		



MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
 FOR MEDICAL EXAMINERS

1844

Reg. Dist. No. 290

1. PLACE OF DEATH. COUNTY <u>Talbot</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Easton, Md</u> TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Memorial Hospital</u>		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE <u>Maryland</u> COUNTY <u>Caroline</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Preston</u> TOWN STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Lea</u> (First) <u>Golden</u> (Middle) <u>(Last)</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2</u> <u>22</u> <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jun 27, 1910</u>
9. AGE last birthday <u>40</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Beauty shop owner</u>	
11. BIRTHPLACE (State or foreign country) <u>Preston Md</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13. FATHER'S NAME <u>Mr Edward Patrick</u>		14. MOTHER'S MAIDEN NAME <u>Elma Galay</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>5218-28-6853</u>	
17. INFORMANT <u>Mrs Nelson Patrick</u>		18. MEDICAL CERTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>816.5 Immediate cause</u> <u>Antecedent cause(s)</u> <u>170c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last</u>		2. INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, office bldg., etc.) <u>hi-way nr. Easton</u> (CITY OR TOWN) <u>Talbot</u> (COUNTY) <u>Md</u> (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>2</u> <u>21</u> <u>51</u> <u>10:15A</u> m.		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/> HOW DID INJURY OCCUR? <u>on way / car struck by another car</u>	
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
SIGNATURE <u>Louis H. Mudd, MD.</u> (Degree or title)		ADDRESS <u>Easton Md</u>	
DATE SIGNED <u>2-22-51</u>			
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>2/24/51</u>	
NAME OF CEMETERY OR CREMATORY <u>Leicester</u>		LOCATION (City, town, or county) (State) <u>Preston R. Md.</u>	
DATE REC'D BY LOCAL REG. <u>2/23/51</u>		REGISTRAR'S SIGNATURE <u>M. H. Neerue</u>	
24. FUNERAL DIRECTOR <u>M. E. Newman & Son.</u>		ADDRESS <u>Easton Md</u>	

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 294

1. PLACE OF DEATH- COUNTY Talbot CITY (If outside corporate limits, write RURAL and OR give nearest town) Claiborne TOWN Life HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Talbot CITY (If outside corporate limits, write RURAL and give nearest town) Claiborne TOWN Life STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) OATHO (First) L. (Middle) GREY (Last)		4. DATE OF DEATH Feb. 19 51 (Month) (Day) (Year)	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Sept 24, 1892
9. AGE last birthday 58 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tonging Oysters	
11. BIRTHPLACE (State or foreign country) Snow Hill, Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME James Gray		14. MOTHER'S MAIDEN NAME Drucilla Mumford	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I		16. SOCIAL SECURITY NO. None	
17. INFORMANT AND ADDRESS Mrs. Marie H. Grey, Claiborne, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

immediate

Antecedent cause(s)

(b)

Hypertensive Cardiac - vascular disease

2 yrs +

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased

alive on Feb 19, 1951, and that death occurred at 11 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Feb 21, 1951	Olivet Cemetery	St. Michaels, Maryland	
DATE REC'D BY LOCAL REG	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS		
Feb 20, 51	<i>[Signature]</i>	Newnam & Harrison, St. Michaels, Md.		

910126

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 294

1. PLACE OF DEATH- COUNTY Talbot MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Talbot	
CITY (If outside corporate limits, write RURAL and give nearest town) Wittman, Md.		CITY (If outside corporate limits, write RURAL and give nearest town) Wittman, Maryland	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First) SUSIE (Middle) WALTON (Last) HADDAWAY		4. DATE OF DEATH (Month) Feb (Day) 21 (Year) 51	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married	8. DATE OF BIRTH Aug. 30, 1876
9. AGE last birthday 74 yrs.		10. If under 1 year Months 2 Days 5 If under 24 hrs. Hours 51 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY -	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Robert L. Sims		14. MOTHER'S MAIDEN NAME Mary Ann Marshall	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	
17. INFORMANT AND ADDRESS Mrs. Louise H. Breeding, Ridgely, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) **Central Nervous System**

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) **Hypertension & Atherosclerosis**(c) **?**

INTERVAL BETWEEN ONSET AND DEATH

2 1/2 yrs**5 yrs**II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐ (STATE)

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Jan 1957, to Feb 21, 1957, that I last saw the deceased alive on Feb 19, 1957, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVE (State)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 24, 1957	Olivet Cemetery	St. Michaels, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Feb 22-51	G. Wesley Sewell	Newnam & Harrison, St. Michaels, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH- COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED	
Ialboi MARYLAND		STATE Maryland COUNTY Caroline	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	
Easton		Denton	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	
The Memorial Hospital		(If rural, give location)	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
(First) (Middle) (Last)		(Month) (Day) (Year)	
Alice M. HICKEL		Feb. 19 1951	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH
F.	White	Married	Sept 27, 1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country)	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Louis John Schumacker		Margaret Alice White	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS			
(Unknown)		Mrs Edward Beckel	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
334x	Immediate cause	(a) <i>Cerebral arteriosclerosis, & severe</i>	(?)
97	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the <u>underlying cause last</u>	(b) <i>mental deterioration</i>	
		(c)	

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY?					
21. ACCIDENT SUICIDE HOMICIDE				(Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY				(CITY OR TOWN)		(COUNTY)		(STATE)	
TIME (Month)		(Day)		(Year)		(Hour)		INJURY OCCURRED While at Not While Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
OF INJURY						m.							

22. I hereby certify that I attended the deceased from 11 Feb, 1951, to 19 Feb, 1951, that I last saw the deceased alive on 19 Feb, 1951, and that death occurred at 3 P m., from the causes and on the date stated above.

SIGNATURE _____ (Degree or title) ADDRESS _____ DATE SIGNED _____

SIGNATURE _____ (Degree or title) ADDRESS _____ DATE SIGNED _____

23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial		Feb 22, 1951	Denton	Denton, Maryland	20 Feb 51
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR		ADDRESS	
2/20/51	N. A. Neerues	L. Virgil Woodward		Denton	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH COUNTY <u>Talbot</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>md</u> COUNTY <u>Talbot</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Cordova</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Cordova</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First) <u>Clara</u> (Middle) <u>Julia</u> (Last) <u>Hopkins</u>		4. DATE OF DEATH (Month) <u>Feb.</u> (Day) <u>24</u> (Year) <u>1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Sept 25, 1876</u>
9. AGE last birthday <u>80</u> yrs.		10. BIRTHPLACE (State or foreign country) <u>New York State</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13. FATHER'S NAME <u>John Francis George</u>		14. MOTHER'S MARDEN NAME <u>Mary Virginia Culwell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY No. <u></u>	
17. INFORMANT AND ADDRESS <u>Mrs. Harry Ledner, Cordova</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) <u>Myocardial failure</u>		<u>2 years</u>	
Antecedent cause(s) (b) <u>Chronic emphysema of the lungs</u>		<u>chronic</u>	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Tuberculosis of the lungs</u>		<u>more than 10 years</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT (Specify) <u>SUICIDE</u>		PLACE (Home, farm, factory, street, office bldg., etc.) <u></u>	
TIME (Month) (Day) (Year) (Hour) <u></u>		INJURY OCCURRED While at <input type="checkbox"/> Not While <input type="checkbox"/> At work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>4/1</u> , 19 <u>57</u> , to <u>Feb. 24</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>Feb. 24</u> , 19 <u>57</u> , and that death occurred at <u>4 P</u> m., from the causes and on the date stated above.			
SIGNATURE <u>Harry Ledner</u>		ADDRESS <u>M.D. Queen Anne Md</u>	
DATE SIGNED <u>2/26/57</u>			
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE <u>2/26/57</u>	
NAME OF CEMETERY OR CREMATORY <u>Spring Hill Cemetery</u>		LOCATION (City, town, or county) <u>Cordova md</u>	
DATE REC'D BY LOCAL REG. <u>2/25/57</u>		REGISTER'S SIGNATURE <u>H.D. Meris</u>	
FUNERAL DIRECTOR <u>Earl Stafford</u>		ADDRESS <u>Easton Md</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change in #9 shown on; see attached paper

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1848

Reg. Dist. No. 290

CERTIFICATE OF DEATH

1. PLACE OF DEATH: COUNTY <u>Talbot</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Md.</u> COUNTY <u>Talbot</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Trappe</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Trappe</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Rural</u>		STREET ADDRESS (If rural, give location) <u>Rural</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>Emma</u> (Middle) <u>Johns</u> (Last) <u>Johns</u>		4. DATE OF DEATH (Month) <u>Feb</u> (Day) <u>17</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 1, 1892</u>
9. AGE last birthday <u>58</u> yrs.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (State or foreign country) <u>Talbot Co., Md.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>		13. FATHER'S NAME <u>James K. Small</u>	
14. MOTHER'S MAIDEN NAME <u>Sallie Price</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY No. <u>213-24-1559</u>		17. INFORMANT <u>Joseph Johns Trappe, Md.</u>	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Tuberculosis of Lungs</u>			<u>4 mo.</u>
Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Nov. 13</u> , 19 <u>50</u> , to <u>2-17</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>2-14</u> , 19 <u>51</u> , and that death occurred at <u>8:30</u> m., from the causes and on the date stated above.			
SIGNATURE <u>Dr. J. Buell</u>		ADDRESS <u>Easton Md</u> DATE SIGNED <u>2-20-51</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>2/20/51</u>	
NAME OF CEMETERY OR CREMATORY <u>New Chapel</u>		LOCATION (City, town, or county) <u>Cardrova Md</u> (State)	
DATE REC'D BY LOCAL REG. <u>2/18/51</u>		REGISTRAR'S SIGNATURE <u>N. H. Neeris</u>	
24. FUNERAL DIRECTOR <u>Maunee E. Neenan</u>		ADDRESS <u>Easton, Md</u>	



MAURICE E. NEWNAM & SON

Eastern Shore Memorial Centre

WASHINGTON STREET EASTON, MARYLAND

This date of birth on this certificate was copied from
the insurance policy.

Signed

Maurice E. Newnam & Son
By Ruth G. Todd

The family has no record
of age other than this

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1850

1. PLACE OF DEATH COUNTY <u>Talbot</u> <u>Easton</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Easton, Md.</u> LENGTH OF STAY (in this place) <u>25 hrs</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Md.</u> COUNTY <u>Caroline</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Feddersburg.</u> R.F.D. # <u>1</u> TOWN <u>Feddersburg.</u> STREET ADDRESS (If rural, give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Easton Memorial Hospital</u>			
3. NAME OF DECEASED (Type or Print)	(First) <u>William</u> (Middle) <u>H. Lancaster</u> (Last)	4. DATE OF DEATH	(Month) <u>Feb</u> (Day) <u>13</u> (Year) <u>1957</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>M.</u>	8. DATE OF BIRTH <u>November 25, 1901</u> 49 yrs.
9. AGE last birthday	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman - Farm Implements</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>New York state</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	13. FATHER'S NAME <u>Mr. William Lancaster</u>	14. MOTHER'S MAIDEN NAME <u>Alice Cronk</u>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>World War I + 2</u>
16. SOCIAL SECURITY NO. <u>202-87-8598</u>	17. INFORMANT AND ADDRESS <u>Mrs. Gladys M. Lancaster (wife)</u> <u>Feddersburg, Maryland</u>	18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
5872 Immediate cause (a) <u>Acute Pancreatitis</u>		2 days	
128 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last (b) <u>Pancreatic Insufficiency</u>		2 years	
(c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT (Specify) <u>SUICIDE</u>		PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>2-11-</u> , 19 <u>51</u> , to <u>2-13-</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>2-13-</u> , 19 <u>57</u> , and that death occurred at <u>4:03</u> p.m., from the causes and on the date stated above.			
SIGNATURE <u>M. D. Easton</u>		ADDRESS <u>Easton Md</u>	
DATE SIGNED <u>2-15-57</u>			
23. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>2/16/57</u>	NAME OF CEMETERY OR CREMATORY <u>Hill Side</u>	LOCATION (City, town, or county) <u>Reslyn Pa</u> (State)
DATE REC'D BY LOCAL REG. <u>2/14/57</u>	REGISTRAR'S SIGNATURE <u>M. D. Neirues</u>	24. FUNERAL DIRECTOR <u>Anna E. Leonard</u>	ADDRESS <u>Easton</u>

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

490617



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1851

1. PLACE OF DEATH- COUNTY <u>Tackett</u>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Tackett</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Barton</u>		LENGTH OF STAY (In this place) <u>7 yrs</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Barton</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural, give location) <u>Danvers and Hanson St.</u>	
3. NAME OF DECEASED (Type or Print)		(First) <u>Harry</u>	(Middle) <u>Ellis</u>	(Last) <u>Danvers</u>	4. DATE OF DEATH (Month) <u>Feb.</u> (Day) <u>3</u> (Year) <u>1957</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>		8. DATE OF BIRTH <u>Feb 28, 1903</u>	9. AGE last birthday <u>47</u> yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Accountant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Training Business</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
13. FATHER'S NAME <u>John J. Danvers</u>		14. MOTHER'S MAIDEN NAME <u>Malvina Parks</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>216-09-0031</u>		17. INFORMANT <u>Mr. Fredrick N. Danvers (wife)</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause

(a)

Myocardial infarction

Antecedent cause(s)

93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

I.V.-C.-V.-D.

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

INTERVAL BETWEEN ONSET AND DEATH

5 min

?

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

20. AUTOPSY?

Yes ☐ No ☐

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not White At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-3-, 1957, to 2-3-, 1957, that I last saw the deceasedalive on 2-3-, 1957, and that death occurred at 6 p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

ADDRESS

2/4/51N.H. NeeriusRobertBarton

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 17 1951
BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1852
Reg. Dist. No. 290

1. PLACE OF DEATH COUNTY Talbot MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Talbot	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Easton		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Easton	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vine Street		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First) William (Middle) T. (Last) Murray		4. DATE OF DEATH (Month) Feb. (Day) 6 (Year) 19 51	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH 12/21/1883
9. AGE last birthday 67 yrs.		10. AGE last birthday 1 month 15 days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown		10b. KIND OF BUSINESS OR INDUSTRY unknown	
11. BIRTHPLACE (State or foreign country) unknown		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME unknown		14. MOTHER'S MAIDEN NAME unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS Talbot Co. Welfare Board			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Cerebral hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

minutes

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive disease

(c)

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased

alive on....., 19....., and that death occurred at..... 5 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 2/9/51	NAME OF CEMETERY OR CREMATORY Richards	LOCATION (City, town, or county) Easton, Md.	(State)
DATE REC'D BY LOCAL REG 2/7/51	REGISTRAR'S SIGNATURE N. H. Nevius	24. FUNERAL DIRECTOR ADDRESS Maurice E. Newman & Son Easton, Md.		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

WW

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1853

1. PLACE OF DEATH COUNTY <u>Habit country</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Massachusetts</u> COUNTY <u>Taunton</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Easton Rd</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Easton Rd</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Norm</u>	(Middle) <u>Wm.</u>	(Last) <u>Nixon</u>
4. DATE OF DEATH	(Month) <u>2</u>	(Day) <u>21</u>	(Year) <u>1957</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Color</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov 25-1878</u>
9. AGE last birthday <u>72</u> yrs.	If under 1 year <u>3</u> Months	If under 24 hrs. <u>Days</u> <u>Hours</u> <u>Min.</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
11. BIRTHPLACE (State or foreign country) <u>Trappe Md.</u>	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME <u>Albert Nixon</u>	14. MOTHER'S MAIDEN NAME <u>Anna Nixon Dot Nixon</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS <u>Albert Nixon</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary occlusion

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

INTERVAL BETWEEN ONSET AND DEATH

Small

21. ACCIDENT (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
SUICIDE	INJURY			
HOMICIDE				
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased

alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>2/24/57</u>	<u>Trappe Cemetery</u>	<u>Trappe</u>	<u>Md</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>2/23/57</u>	<u>M. H. Neeris</u>	<u>Lewis H. Bayne</u>		

910126

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1854

1. PLACE OF DEATH COUNTY <u>Tallot</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Tallot</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Memorial Hospital</u>		STREET ADDRESS (If rural, give location) <u>Washington Street</u>	
3. NAME OF DECEASED (Type or Print) <u>Mr. Sherman Francis Phillips</u>		4. DATE OF DEATH (Month) <u>Feb.</u> (Day) <u>3</u> (Year) <u>1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug 10, 1906</u>
9. AGE last birthday <u>44</u> yrs.		10. BIRTHPLACE (State or foreign country) <u>MD Cambridge</u>	
11. BIRTHPLACE (State or foreign country) <u>MD Cambridge</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Henry H. Phillips</u>		14. MOTHER'S MAIDEN NAME <u>Alice Sherman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>219-12-9887</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Irma Phillips</u>		18. MEDICAL CERTIFICATION	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154x Immediate cause (a) Carcinoma of the rectum
Antecedent cause(s) (b) with levin metastases
46d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of rectum - levin metastases</u>	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Feb, 1951, to 3 Feb, 1951, that I last saw the deceased alive on Feb 3, 1951, and that death occurred at 11:45 A.M., from the causes and on the date stated above.

SIGNATURE Dr. H. O. Carter ADDRESS 6000 Mayland DATE SIGNED 6 Feb 51

23. BURIAL, CREMATION OR OTHER DISPOSAL (Specify) <u>Burial</u>	DATE THEREOF <u>2/6/51</u>	NAME OF CEMETERY OR CREMATORY <u>Spring Hill</u>	LOCATION (City, town, or county) (State) <u>Easton MD</u>
DATE REC'D BY LOCAL REG. <u>2/4/51</u>	REGISTRAR'S SIGNATURE <u>N. H. Helms</u>	24. FUNERAL DIRECTOR <u>Wm. E. Garrison</u>	ADDRESS <u>Easton MD</u>

782936

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1855

1. PLACE OF DEATH COUNTY Talbot MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Talbot	
CITY (If outside corporate limits, write RURAL and give nearest town) Cordova rural		CITY (If outside corporate limits, write RURAL and give nearest town) Cordova	
HOSPITAL OR INSTITUTION OR STREET ADDRESS rural		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) William		4. DATE OF DEATH Feb. 7 1951	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 2/1/1875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm laborer		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday 76 yrs. 0 months 6 days
13. FATHER'S NAME Frederick Richardson		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY No. none		14. MOTHER'S MAIDEN NAME Lettie Horney	
17. INFORMANT AND ADDRESS David Shockley, Baltimore			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) **Metastatic ca to pelvic bone**

month

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) **Prostate carcinoma**

yrs.

(c) **Chronic myocardial Disease**

yrs.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office hldg., etc.)

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1-1**, 19 **50**, to **2-7**, 19 **51**, that I last saw the deceased

alive on **2-6**, 19 **51**, and that death occurred at **4:30 a.m.**, from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

W. J. Buell

Lucy

Easton, Md.

2-7-51

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG. **2/8/51**

REGISTRAR'S SIGNATURE

N. H. Nevius

24. FUNERAL DIRECTOR

ADDRESS

Rawlings Funeral Home
470116 Greenshans, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1856

1. PLACE OF DEATH- COUNTY <u>Jack</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Jack</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location) <u>Hanson Street</u>	
3. NAME OF DECEASED (Type or Print) <u>Caroline</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 1 1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>July 15, 1870</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	9. AGE last birthday <u>80</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Ind</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Charles F. Doulety</u>		14. MOTHER'S MAIDEN NAME <u>Mary A. Smith</u>	
15. WAS DECREASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT <u>Miss Mary Kimmion</u>		(Print)	

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <u>Senility</u>		
Antecedent cause(s) (b) <u>904.9 1952</u>		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fractured femur - several days - 8-3-49</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify) <u>SUICIDE</u>	PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased

alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE <u>Lani M. Kelly</u>	(Degree or title) <u>MD</u>	ADDRESS <u>Easton Md</u>	DATE SIGNED <u>2-2-57</u>
23. BURIAL, CREMATION REMOVAL (Specify) <u>Buried</u>	DATE THEREOF <u>2/3/57</u>	NAME OF CEMETERY OR CREMATORY <u>Spring Hill</u>	LOCATION (City, town, or county) (State) <u>Easton Md</u>
DATE REC'D BY LOCAL REG. <u>2/2/57</u>	REGISTRAR'S SIGNATURE <u>N.H. Neirin</u>	24. FUNERAL DIRECTOR <u>Ed Clark</u>	ADDRESS <u>Easton Md</u>

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH COUNTY <u>Talbot</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Talbot</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural Cordova</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural Cordova</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Chris</u> (First) <u>Sh</u> (Middle) <u>Schlitzhauer</u> (Last)		4. DATE OF DEATH <u>Feb.</u> (Month) <u>10</u> (Day) <u>1951</u> (Year)	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 10, 1868</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer Owner</u>	9. AGE last birthday <u>82</u> yrs.
13. FATHER'S NAME <u>Not Known</u>		11. BIRTHPLACE (State or foreign country) <u>Germany</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
16. SOCIAL SECURITY No. <u>None</u>		14. MOTHER'S MAIDEN NAME <u>Not Known</u>	
17. INFORMANT AND ADDRESS <u>Chris Schlitzhauer Jr. Cordova Md</u>			

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>
Immediate cause (a) <u>Cerebral thrombosis - right hemisphere</u>			
Antecedent cause(s) (b) <u>Cerebral arteriosclerosis</u>			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u></u>			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 30 Sept, 1950, to 10 Feb, 1951, that I last saw the deceased alive on 4 Feb, 1951, and that death occurred at 9:30 P m., from the causes and on the date stated above.

SIGNATURE Thomas Harrison ADDRESS Cordova, Maryland DATE SIGNED 13 Feb 51

23. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u>	DATE <u>Feb. 13, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Spring Hill</u>	LOCATION (City, town, or county) <u>Cordova</u>
DATE REC'D BY LOCAL REG. <u>2/14/51</u>	REGISTRAR'S SIGNATURE <u>N. S. Neer</u>	24. FUNERAL DIRECTOR <u>W. H. Black</u>	ADDRESS <u>Cordova Md</u>

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1857

290116

RECEIVED
FEB 20 1931
BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1858

Reg. Dist. No. 290

1. PLACE OF DEATH COUNTY <u>Talbot</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Queen Anne</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Easton</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Queenstown, Maryland</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Memorial Hospital</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Dr. Washington</u>		4. DATE OF DEATH (Month) <u>2</u> (Day) <u>2</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept 20, 1880</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cashier</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Banker</u>	
11. BIRTHPLACE (State or foreign country) <u>New York, Rochester</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Dr. Washington Tuttle</u>		14. MOTHER'S MAIDEN NAME <u>Mrs. Elizabeth Tuttle</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>216-05-6845</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Elizabeth Tuttle</u>		18. MEDICAL CERTIFICATION <u>216-05-6845</u>	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Arteriosclerosis

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis

(c) Myocardial infarction due to arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

20. AUTOPSY?

Yes ☐ No ☒

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25th, 1951, to 27th, 1951, that I last saw the deceased

alive on 27th, 1951, and that death occurred at 12:45 P. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

290716



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 294

1. PLACE OF DEATH - COUNTY <u>Talbot</u>		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE <u>Md</u> COUNTY <u>Talbot</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Wittman, Md</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Wittman</u>	
TOWN <u>Wittman, Md</u>		TOWN <u>Wittman</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) <u>Robert</u> (Middle) <u>Warner</u> (Last) <u>Warner</u>		4. DATE OF DEATH (Month) <u>Feb</u> (Day) <u>28</u> (Year) <u>1951</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>COLORED</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAR. 26 - 1882</u>
9. AGE last birthday <u>68</u> yrs.		10. If under 1 year 1 month <u>10</u> days <u>28</u> hours <u>15</u> min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	
11. BIRTHPLACE (State or foreign country) <u>Talbot County - Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>William Warner</u>		14. MOTHER'S MAIDEN NAME <u>Elizabeth Johnson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>NO</u>	
17. INFORMANT AND ADDRESS <u>HELENA WARNER</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last

(a) Cerebral Hemorrhage (b) Hypertension decompensated, long 2 yrs (c) 2 yrs

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT (Specify) <u>SUICIDE</u>	PLACE (Home, farm, factory, street, office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>m.</u>	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Jan 4 1951 to Feb 28 1951, that I last saw the deceased alive on Feb 25 1951, and that death occurred at 8:30 m., from the causes and on the date stated above.

SIGNATURE [Signature]

(Degree or title)

ADDRESS [Address]

DATE SIGNED [Date]

23. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>	DATE THEREOF <u>3/3/51</u>	NAME OF CEMETERY OR CREMATORY <u>Wittman</u>	LOCATION (City, town, or county) (State) <u>Wittman, Md Talbot Md.</u>
DATE REC'D BY LOCAL REG. <u>Mar. 1-51</u>	REGISTRAR'S SIGNATURE <u>G. W. Selwell</u>	24. FUNERAL DIRECTOR <u>NORMAN D. MARSHALL</u>	ADDRESS <u>St. Michael's, Md</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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203.45

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH- COUNTY <u>Talbot</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Kent</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Chesertown</u> Rural	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Easton Memorial Hospital</u>		STREET ADDRESS (If rural, give location) <u>RED # 2</u>	
3. NAME OF DECEASED (First) <u>FRANK</u> (Middle) <u>WIGGINS</u> (Last) <u>WIGGINS</u>		4. DATE OF DEATH (Month) <u>Feb</u> (Day) <u>24</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb 22, 1891</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u>	9. AGE last birthday <u>60</u> yrs. If under 1 year Months Days Hours Min.
11. FATHER'S NAME <u>Mr. George Wiggins</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME <u>Anna Spencer</u>	
15. SOCIAL SECURITY NO. <u></u>		17. INFORMANT AND ADDRESS <u>Mrs. Mary Wiggins</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a)

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(a)

(b)

(c)

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

INTERVAL BETWEEN ONSET AND DEATH

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 10, 1951, to Feb. 24, 1951, that I last saw the deceased

alive on Feb. 24, 1951, and that death occurred at 8:55 p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1860.

970186



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1861

1. PLACE OF DEATH COUNTY <u>TALBOT</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Talbot</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Cordova, Md. 3 1/2 mi</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Cordova R.F.D.</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) <u>CHARLES</u> (Middle) <u>HENRY</u> (Last) <u>WILKINS</u>		4. DATE OF DEATH (Month) <u>Feb.</u> (Day) <u>8</u> (Year) <u>1951</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 29 1882</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Work on farm</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>69</u> yrs. <u>4</u> months <u>10</u> days
11. FATHER'S NAME <u>Andrew Wilkins</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Andrew Wilkins</u>		14. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Johnson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>—</u>		16. SOCIAL SECURITY No. <u>213-22-8118</u>	
17. INFORMANT AND ADDRESS <u>Mary Wilkins</u>			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	<u>Charles Henry Wilkins</u>		
Antecedent cause(s) (b)	<u>Chronic Myocarditis</u>		<u>yes</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	<u>Arteriosclerosis</u>		<u>yes</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 1-1, 1950, to 2-8, 1951, that I last saw the deceased alive on 2-7, 1951, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

SIGNATURE Chas. F. Bull (Degree or title) Surgeon ADDRESS Easton DATE SIGNED Feb. 12 1951

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	<u>Feb. 12, 1951</u>	<u>Newtown Cemetery</u>	<u>Cordova Md</u>	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>2/9/51</u>	<u>N.B. Neerue</u>	<u>Carlisle & Fred Easton</u>	<u>Md</u>	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

990116



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH COUNTY <u>Talbot Co.</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Md.</u> COUNTY <u>Caroline</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Easton Md.</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Talbot Co.</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Fortin Memorial</u>		STREET ADDRESS (If rural, give location) <u>Talbot Co.</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Martha</u>	(Middle) <u>Williams</u>	(Last)
4. DATE OF DEATH	(Month) <u>Feb.</u>	(Day) <u>25</u>	(Year) <u>1951</u>
5. SEX <u>F.</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>June 16 1890</u>
9. AGE last birthday <u>60</u> yrs.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>	13. FATHER'S NAME <u>Uli Bentay</u>	14. MOTHER'S MAIDEN NAME <u>Mary Jane</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT AND ADDRESS <u>Mrs. Addie Turner</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Congestive Heart Failure

INTERVAL BETWEEN ONSET AND DEATH

3 weeks

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

Coronary Thrombosis3 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Feb. 18, 1951, to Feb. 25, 1951, that I last saw the deceasedalive on Feb. 24, 1951 and that death occurred at 12:00 pm, from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Buried</u>	<u>2/27/51</u>	<u>Greensboro</u>	<u>Greensboro Md.</u>	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>Buried</u>	<u>N.H. Neuner</u>	<u>R.B. Rawlings</u>	<u>Greensboro, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH COUNTY <u>Talbot</u> <u>md</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>md</u> COUNTY <u>Talbot</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Easton</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Easton</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location) <u>605 Dover Rd</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>John</u>	(Middle) <u>W.</u>	(Last) <u>Welson</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>about 1872</u>
9. AGE last birthday <u>78</u> yrs.		4. DATE OF DEATH (Month) <u>2</u> (Day) <u>8</u> (Year) <u>1951</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farm labor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	
11. BIRTHPLACE (State or foreign country) <u>Talbot</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13. FATHER'S NAME <u>unknown</u>		14. MOTHER'S MAIDEN NAME <u>unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY No. <u>---</u>	
17. INFORMANT <u>Bessie Perkins</u>			

18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Acute heart Chronic Nephritis</u>	<u>2-3 Year</u>
Antecedent cause(s) (b) <u>592x 1312</u>	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN)	(COUNTY)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>
HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from May 16, 1947, to 2/8, 1951, that I last saw the deceased alive on Feb 8, 1951, and that death occurred at 1 P.m., from the causes and on the date stated above.

SIGNATURE Hayward T. Webb, M.D. ADDRESS Easton, Md. DATE SIGNED 2/10/51

23. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	DATE THEREOF <u>2-12/51</u>	NAME OF CEMETERY OR CREMATORY <u>Dryden Md</u>	LOCATION (City, town, or county) <u>Easton Md</u>	(State) <u>MD</u>
DATE REC'D BY LOCAL REG. <u>2/9/51</u>	REGISTRAR'S SIGNATURE <u>M.H. Neerue</u>	24. FUNERAL DIRECTOR <u>Booker M. West</u>	ADDRESS <u>970116 Salisbury Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

John W. Wilson

78

Barton

Elizabeth



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH COUNTY <u>Baltimore</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Talbot</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Easton Md.</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Easton Memorial Hospital</u>		STREET ADDRESS (If rural, give location) <u>202 Perry St.</u>	
3. NAME OF DECEASED (First) <u>MARY</u> (Middle) <u>WILSON</u> (Last) <u>WILSON</u>		4. DATE OF DEATH (Month) <u>Feb.</u> (Day) <u>3</u> (Year) <u>1957</u>	
5. SEX <u>Fe.</u>	6. COLOR OR RACE <u>Black</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>SEP.</u>	8. DATE OF BIRTH <u>1-27-86</u>
9. AGE last birthday <u>65</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SW</u>	
11. BIRTHPLACE (State or foreign country) <u>MD</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Sam Bueze</u>		14. MOTHER'S MAIDEN NAME <u>Lydia Phillips</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	
17. INFORMANT AND ADDRESS <u>Louise Paxton</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Cerebral hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

4 hrs

Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 2/3, 1957, to 2/3, 1957, that I last saw the deceasedalive on 2/3, 1957, and that death occurred at 5:45 A.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>2/5/57</u>	<u>Richards</u>	<u>Easton Md</u>	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>2/4/57</u>	<u>N. H. Neerues</u>	<u>John R. Williams</u>	<u>Easton, Md</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15-1

RECEIVED
FEB 14 1961
BUREAU V. 2